

KIDDIE KAMP



For children ages 3-4 (Child ages 3 by 6/1/2017; pre-K 5 year olds are eligible). There are no exceptions to the age cutoff. Children must also be toilet trained.

Program meets Monday-Friday 9:30-11:30 a.m. at the Kangaroo Kids Preschool on 35 Bell Street.

Session 1	June 26-30
Session 2	July 3-7 (canceled July 4)
Session 3	July 10-14
Session 4	July 17-21
Session 5	July 24-28

THE PROGRAM

An introductory “camp” experience with plenty of opportunities for children to observe and explore natural surroundings in a controlled environment. From animals to bugs, to leaves on the trees, we will investigate and create lots of nature based arts & crafts. There will be a daily opportunity for outside play, games and fun! The program meets rain or shine.

THE STAFF

Program is staffed by the Parks & Recreation Department Preschool Director and 2 Program Supervisors. The child to Staff ratio does not exceed 6:1.

ARRIVAL & DEPARTURE

Arrival time is 9:30a.m. Parents are asked to avoid bringing children before that time so that Staff may have time to prepare for their arrival. We require that the Parent/Guardian come into the classroom to drop-off and pick-up their child. You will need to sign your child in/out. Not only does this ensure your child will be properly supervised, but Staff also look forward to daily contact with each Parent/Guardian. Never drop your child off and leave before greeting a Staff person. Your child will have had a busy day and be ready to leave promptly at 11:30 a.m. **A \$15 late fee** will be charged to parents picking children up **after 11:40 p.m.**

SNACK

Snack/juice is provided. If your child has a food allergy, you may need to send one with him/her. Because of food allergies, Staff will enforce strict “No food trading/sharing” rules. Instruct your child not to touch trade or share food with anyone else.

EXCESSIVE HEAT

During periods of excessive heat /humidity, send your child dressed in appropriate light weight, light color, loose fitting clothing. Be sure they wear sunscreen. We will limit strenuous activity, drink plenty of water, take frequent breaks, and do our best to stay indoors or in shaded areas. If you have concerns about your child, please consider keeping them home when high heat/humidity advisories are in effect.

PROTECTION/SAFETY REMINDERS

Proper clothing is important. We request parents send children in long pants tucked into their socks and comfortable shoes or sneakers - no sandals, flip-flops or dress shoes please!

Staff is not responsible for applying sunscreen! Be sure your child comes with long lasting sunscreen already on.

Send a light jacket and rain hats when showers are predicted. In case of rain, we might have rainy day walks and splash crafts!

HEALTH/MEDICAL CONCERNS

The Child Information/Emergency Consent form included must be completed and sent with your child on their **first day of Kiddie Kamp.**

YOUR CHILD WILL BE UNABLE TO PARTICIPATE WITHOUT A FORM ON FILE!

If your child is on medication, or requires medication in the event of an emergency (diabetic, food allergy, asthma etc.) you must complete and submit an Authorization for Administration of Medication Form to Parks & Recreation prior to the start of Kiddie Kamp. You may also be required to provide a written Treatment Form from your Physician with specific instructions of how and when medication is to be given. Forms are available at the Parks & Recreation Office or from our website www.glastonbury-ct.gov.

SPECIAL NEEDS

Please make us aware in writing, prior to the start of the program of any other special needs that your child might have.

For more information, contact the Parks & Recreation Office at 860-652-7679.

GLASTONBURY PARKS AND RECREATION DEPARTMENT

KIDDIE KAMP

CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation Staff with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and turned in on their **FIRST DAY ATTENDING AT THE PROGRAM.**

ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.

CHILD INFORMATION

Child's Name _____ Date of Birth _____

Address: _____ Home Phone _____

Check the session(s) your child will attend:

Session 1:	June 26-30	_____	Session 4:	July 17-21	_____
Session 2:	July 3-7	_____	Session 5:	July 24-28	_____
Session 3:	July 10-14	_____			

PARENT/GUARDIAN INFORMATION

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

OTHER CONTACTS

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

2) Name: _____ Home Phone _____ Cell Phone _____
Name of Employer _____ Day Phone () _____

SPECIAL NEEDS

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Program Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

CHILD'S NAME_____

MEDICAL INFORMATION

If your child is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) YOU must obtain and complete an **Authorization for the Administration of Medication form** prior to the start of the program. Forms are available at Parks & Recreation or from our website (www.glastonbury-ct.gov). Click on parks & recreation website, downloadable forms, medication).

Known Medical Conditions: _____

Known Allergies: _____

Medication to be administered: _____

OTHER INFORMATION

Please use this space for any additional information that you feel might be helpful to the staff working with your child.

EMERGENCY INFORMATION

In an emergency, I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.

Name_____Relationship_____Phone_____

Name_____Relationship_____Phone_____

If in the opinion of the Parks & Recreation program Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals:_____

If the situation permits, I prefer one of the following physicians:_____

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name:_____ Age:_____ during my absence while my child is under the care of the Glastonbury Parks and Recreation Department program Staff.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Name:_____

Relationship:_____

Signature:_____

Date:_____